

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|-----------|--------------|-----------------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | <i>SM</i> | <i>32</i> | <i>11/21</i> |
| FORMALITY REVIEW | <i>SM</i> | <i>50864</i> | <i>12/18/00</i> |
| RESPONSE FORMALITY REVIEW | <i>SM</i> | <i>1030</i> | <i>4.9.01</i> |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 (Through numeral)... Canceled A Appeal
 - Restricted O Objected

| Claim | Final | Original | Date |
|-------|-------|----------|----------|
| 1 | ✓ | ✓ | 12/12/00 |
| 2 | ✓ | ✓ | 12/12/00 |
| 3 | ✓ | ✓ | 12/12/00 |
| 4 | ✓ | ✓ | 12/12/00 |
| 5 | ✓ | ✓ | 12/12/00 |
| 6 | ✓ | ✓ | 12/12/00 |
| 7 | ✓ | ✓ | 12/12/00 |
| 8 | ✓ | ✓ | 12/12/00 |
| 9 | ✓ | ✓ | 12/12/00 |
| 10 | ✓ | ✓ | 12/12/00 |
| 11 | ✓ | ✓ | 12/12/00 |
| 12 | ✓ | ✓ | 12/12/00 |
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| 14 | ✓ | ✓ | 12/12/00 |
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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Best Available Copy